

Officer / Agent:
(b) (6), (b) (7)(C)

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

Date Printed: 10/25/2012
Subject: (b) (6), (b) (7)(C)

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (7)(E)	Incident Title: Officer Involved Shooting	Orig. SIR No.: (b) (7)(E)	Event No.:
Office: Office of Border Patrol	Owning Organization: Tucson Sector/Sonoita Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 17:45 Thursday 3/4/2010	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved: OTHER AGENCY	

SECTION B - INCIDENT LOCATION INFORMATION

Address: (b) (6), (b) (7)(C)	City: Tucson	State: AZ	County: Pima
ZIP Code:	Country: US	Longitude: (b) (7)(E)	Latitude:
Character of Premises: Urban, Moderately Populated, Residential, Outdoors			
Illumination: -----			
If Natural Illumination: Daylight	If Artificial Illumination: Good lighting		
Environmental Conditions: Dry, Calm			Estimated Ambient Temperature (°F): 65
Additional Comments (relevant to the incident information page): SBPA (b) (6), (b) (7)(C) was performing perimeter security as part of a (b) (7)(E) when the subject of the warrant appeared in front of SBPA (b) (6), (b) (7)(C) and another Deputy US Marshal. Subject did not heed verbal commands from either agents and pointed a weapon at the two. Upon seeing the weapon, both SBPA (b) (6), (b) (7)(C) and the DUSM fired their service weapon in self defense.			

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b) (6), (b) (7)(C)	Title: SBPA	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Tucson Sector/Sonoita Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 11 State: 0 Local: 0	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: Task Force, Warrant Service			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:		Qualification Score:
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Pistol	Round Type (if Shotgun): Shot	Rounds Fired: 1	
Firearm Shooting Information:			
Posture: Standing	Posture Orientation: Side Towards		
Cover Usage: Cover Used	Weapon Grip: Two-handed		
Target Elevation: At/Above Eye Level	Aiming Method: Sight Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 5 Maximum: 15		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage:			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:		
Device:		Device Type:
Description:		
Intermediate Device Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Weapon Grip:
Target Elevation:		Aiming Method:
Firing Mode:		Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Time Needed for Decontamination (<i>Express in Minutes</i>): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

Other Force Information:		
Device Type:		Description:
Comments:		
Other Force Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (<i>in addition to Basic Academy</i>) Assisted the Involved Officer/Agent: (USMS Training)
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): (b) (6), (b) (7)(C)		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: (b) (6), (b) (7)(C)	Height: 5'0" - 5'11"	Weight: 150 - 199 lbs	Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type: Unknown		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number: UNKNOWN	Manufacturer: UNKNOWN	Model Name/Number: UNKNOWN	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm):				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: (b) (6), (b) (7)(C)	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)
